
National Minority SA/HIV Prevention Initiative Cohorts 7&8

Frequently Asked Questions



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
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Youth and Adult Questionnaire

- 1. Where can I obtain the current questionnaire and dosage forms along with the administration guides?**

ANSWER: Questionnaires, dosage forms and administration guides can be found on the “Portal.” Please contact the DITIC Help Desk with further questions about accessing materials. DITIC Support: DITICSupport@kitsolutions.net or call 1-888-348-4248.

- 2. We have a "multi session long intervention" (more than 30 days). Are we required to do three rounds (baseline, exit, and followup) of data collection under all circumstances?**

ANSWER: Yes, CSAP requires that for programs lasting 30 days or longer, a baseline, exit, and followup survey be administered.

- 3. We have the possibility of shortening our intervention from 6 months to 3-4 months. If we administer a 4-month intervention, which data collection protocol would we be required to follow? If we design a 6-month intervention, which data collection protocol would we be required to follow?**

ANSWER: All direct service interventions lasting 30 days or more require data collection at baseline, exit, and followup. The full questionnaire should be administered at baseline, exit, and followup. Dosage data should be collected after each encounter for the duration of the program between baseline and exit. Tailoring your intervention from 6 months to 3-4 months requires following the same data collection protocol since the total length of the intervention is 30 days or longer.

- 4. Does Intervention Duration on the Youth and Adult Questionnaires apply to the individual intervention a participant is receiving or total length of time the participant will be receiving CSAP HIV grant funded services?**

Answer: The Intervention Duration is the total length of time the participant will receive direct services in the program. If multiple interventions are being provided, measure the length of time between when the first direct service or intervention begins and when the last direct service or final intervention ends.

5. What is the difference between the exit and followup surveys? When is each administered?

ANSWER: The exit survey is given when the grantee has finished providing direct services to the participant. If the participant is receiving more than one intervention during his or her time in the program, the exit survey should be given to the participant after he or she completes the final intervention. The exit survey can be given within the 10 days following the cessation of services but no later for interventions lasting longer than one day. The follow up survey should be administered three to six months after the final intervention is given (three to six months after program completion).

6. Our DEBI's followup was at 24 weeks (12 weeks or 3 months after exit). Is it OK to use this followup time?

ANSWER: The time frame to administer the followup questionnaire is now 3 to 6 months. Your plan is in compliance with the data collection protocol.

7. Due to the structure of our program and our local data collection protocol, some youth will be taking four surveys: a baseline, an exit survey for the first curriculum, an exit survey for the second curriculum, and a 6-month follow-up. Which exit survey do you recommend we send to CSAP for those youth?

ANSWER: Please send the second exit survey. The data collection protocol only requires one exit survey to be administered within 10 days of the participant's completion of the intervention.

8. What if we want to do a baseline, exit, followup, and additional followup survey for the same intervention program? Is there a way to submit the additional followup data?

ANSWER: Please only submit data for one followup survey administered three to six months after the exit survey. Although the local data collection protocol for your individual programs may require two followup surveys, CSAP only requires one followup survey.

9. Can we add additional items not included in the questionnaire?

ANSWER: Yes, you may add extra items in addition to the standard questionnaire. These data should not be submitted to CSAP but can be used for local purposes.

10. Have the questionnaires been translated into Spanish?

ANSWER: Unfortunately, the questionnaires are not available in Spanish. You are allowed to provide a translation of these instruments to your participants but the questions must be a direct

translation from the CSAP approved instruments. Please contact your project officer for the procedure for gaining approval.

11. We have offered different types of intervention programs throughout the year. Occasionally, someone who has already participated in one of our programs will return to participate in a new intervention. Which sections of the questionnaire should this person receive? Do we need to give them a new baseline survey? Should we use the same participant ID for this individual?

ANSWER: If a participant has already completed an exit survey and returns for a new set of services, he or she should be given the same participant identification number. The participant should then receive a new complete set of surveys appropriate for the length of the new set of services: the complete instrument for interventions lasting 30 days or more, Sections One and Two for interventions lasting two to 29 days, or Section One plus three to five grantee-selected questions from Section Two for single session interventions.

The Intervention Duration field on the questionnaires should be completed based on the new set of direct services or interventions. It should not include the time spent in the previous intervention or interventions for which the participant received an exit survey. Please see the Overview of Instruments and Data Collection Guide for further detail about the data collection protocol.

If the participant has not completed an intervention or an exit survey and returns for the same intervention as previously planned, the participant should:

- not receive a new baseline survey but should complete the appropriate set of surveys if a baseline survey was taken within six months of the participant's return.
- receive a new baseline survey and all appropriate surveys if the original baseline survey was taken more than six months before the participant's return.

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- 12. A participant received another intervention in addition to the one we had originally planned. The intervention duration changed from ‘multiple session short intervention’ to ‘multiple session long intervention’. At exit, what should we enter in the intervention duration field, since it is different from what we entered at baseline? How should we complete the intervention name field on the exit and followup surveys?**

ANSWER: At exit and followup, indicate ‘multiple session long intervention’. For the intervention name field, enter the intervention names the participant actually received. The intervention duration field and the intervention name field entered at exit and followup do not have to match the baseline record since what was planned at baseline may differ from what was implemented. However, the intervention name and intervention duration fields in the exit and followup surveys should match each other since no additional services would have been provided after the exit survey is administered.

Individual and Group Dosage Forms

- 1. When reporting total dosage minutes should we:**
- 1) Report the total number of minutes for each lesson given during a session, or**
 - 2) Report the total number of minutes for the entire group session and ignore the breakdown by lessons.**

ANSWER (includes excerpts from the Group Dosage Administration Guide):

For any program session that qualifies as a direct service on the same date with the same participants, the total minutes of that session should be broken down according to Individual or Group Service Codes. If the lessons within a session fall under different Service Codes, then the duration for each should be entered on the Dosage Form separately next to the appropriate service code. If multiple lessons within a session fall under the same Service Code, then the total combined minutes of those lessons can be entered once as the Duration Code on the form under a single appropriate service code.

- 2. One of our participants received 6 to 8 hours of individual counseling as part of the evidence based program we implemented. This same participant also received services that were CSAP funded but not a part of the evidence based program. Should we include dosage information for the services that were not part of the evidence based program?**

ANSWER: Yes, dosage information should be collected for all CSAP-funded direct services the participant receives.

Data Entry and Cleaning Sheets

1. I am having difficulty uploading my data. What should I do?

ANSWER: Please contact DITIC Support: DITICSupport@kitsolutions.net or call 1-888-348-4248.

2. I enter the data, and I see contradictions in the participant's responses. I suspect he or she does not understand the questions. Should I change the participant's responses?

ANSWER: No, please do not change a participant's response on a survey. If you begin to notice a pattern that you believe is incorrect or indicates that participants do not understand a particular question, providing clarification about the item during the questionnaire administration is recommended. Recommended clarifications for each survey item are provided in the Youth and Adult Questionnaire Administration Guides.

3. How long after we submit data do we get a cleaning sheet?

ANSWER: The cleaning sheets are sent out approximately one month after the final submission deadline. You will have two weeks to complete the cleaning sheet and submit it. Deadlines for cleaning sheet submissions will be included with the cleaning sheets.

4. The cleaning sheet was sent to the wrong person, or the cleaning sheet was never received. How can the evaluator and other relevant staff get onto the cleaning sheet mailing list?

ANSWER: All grantees should receive a cleaning sheet regardless of whether data were submitted. If the cleaning sheet was sent to the wrong person or you did not receive it, please contact your Project Officer about updating contact information for the recipient of the cleaning sheets. Your Project Officer is the only person who can approve and make this change. Cleaning sheets cannot be sent to individuals without this approval.

5. At what point do we get our cleaned local data back?

ANSWER: As of September 2010, all data submitted through FY 2008 are available for download. To access these data, please visit the www.pmrts.samhsa.gov. The current cleaned data files include data that have been submitted through the end of FY 2008. If your grant did not submit data during this period, there will be no cleaned data available for your site at this time. Data submitted through the end of FY 2009 will be available later this calendar year (2010). You will be notified when these data are available. FY 2010 data will not be available until the end of 2011.

To download cleaned data, go to the “Review/Download My Data” submissions page and select your grant program from the drop down menus. A link will appear below called “Cleaned NOMs Data.” Click the link to view and/or download your cleaned NOMs data file.

Management Reporting Tool (MRT)

1. Our organization’s two additional goals are:

Goal 1: Increase participation in substance abuse and HIV-prevention education for African Americans re-entering the community from jail or prison.

Goal 2: Decrease high-risk sexual behaviors for program participants.

Our unique goals could technically fit under the pre-defined goals, but they are more specific to the overall goals of our organization. Is this ok?

ANSWER: Specific organizational goals may technically fall under the three preset goals.

However, these goals and other goals like them which are specific to your organization are acceptable to enter into the MRT as additional goals.

2. What if a grantee is using an intervention that addresses both substance abuse prevention and HIV prevention? How is that recorded in the MRT?

ANSWER: In the Direct Services Planning screen, grantees are able to indicate from a drop down menu whether the intervention being entered addresses substance abuse, HIV/AIDS, both, or neither in the Intervention Type field.

3. We plan to implement two separate evidence-based interventions: one for men and the other for women. Should I enter these interventions separately? How do I enter the dosage information into the MRT?

ANSWER: Yes, if you are implementing two different interventions, each should be entered separately into the MRT. The planned dosage for each intervention should be entered from the Direct Services Intervention Screen. Please select “add direct services” next to the appropriate intervention name to add dosage information. Each time you enter a direct service type it should appear under the intervention name on the Direct Service Planning screen.

Target Numbers and People Served

1. We looked at our target numbers in the system and they were correct a few days ago but not anymore. What should we do?

ANSWER: The target numbers are maintained by DITIC. Please contact the DITIC help desk for further clarification. DITIC Support: DITICSupport@kitsolutions.net or call 1-888-348-4248.

Additional Questions

1. Are grantees able to see reports such as the Accountability Report?

ANSWER: The CSAP Accountability Report is not available to the public at this time.

2. What do you (the DACCC) do versus what DITIC does?

ANSWER: DITIC is the technical contract. DITIC develops and provides user support for the online tools such as the Portal and within the Portal the Management Reporting Tool (MRT). DITIC receives all of the data submitted by grantees and then sends the data to the DACCC. The DACCC reviews the data and sends cleaning sheets to grantees identifying possible issues or asking for clarification. The DACCC then cleans and analyzes the data and submits reports to CSAP based on survey, dosage, and MRT data. The DACCC also sends the cleaned files to DITIC to post online for grantees' use.